Developing the NCCCP Trials Portfolio

by Stephen Grubbs, MD; Camille Servididio, RN, MPH; Mitchell Berger, MD, MMM, CPE, FACP; Maria Gonzalez, BS; and Mark Krasna, MD

Physician from one NCCCP site discusses her patient's case.

In 2007 the National Cancer Institute launched the Community Cancer Centers Program (NCCCP) as a public-private partnership with community hospitals to explore the best methods to enhance access to care—especially for those with healthcare disparities—improve quality, and expand research within a community setting.[1,2] That same year, NCCCP formed the Portfolio Working Group to assist in the development of the Clinical Trials Screening and Accrual Log (pages 54 and 55). Originally, this group was charged with selecting clinical trials to populate the Trial Log. The NCCCP Clinical Trials portfolio also provides each NCCCP site with a high visibility portfolio of selected trials to encourage enrollment. At the Clinical Trials Subcommittee's direction, it was determined that the portfolio should have the following three characteristics:

1. A finite number of clinical trials that did not contain the broad number of trials open for accrual at each NCCCP site. A finite number of open commonly used trials would allow analysis of site implementation and use of the Trial Log, refinement of the Trial Log tool, and discovery of network barriers to accrual.
2. Clinical trials of common diseases with high incidence to allow maximum participation by all NCCCP sites.
3. A variety of clinical trial types to achieve the NCCCP deliverables for a mix of clinical trial types.

Developing the Trials Portfolio

The Portfolio Working Group was composed of representatives from nine NCCCP sites and one NCI representative with a goal of recommending a 10-trial portfolio. Participants met monthly and included NCCCP site principal investigators, physician clinical investigators, clinical research nurses, and CRAs (clinical research assistants).

The Portfolio Working Group encountered several initial barriers that would potentially limit Trial Log participation by all NCCCP sites. The first challenge was identifying clinical trials in which all sites could participate, as well as receive trial funding. NCCCP sites are members of numerous NCI-sponsored Cooperative Groups and research bases, but have only one common membership, Clinical Trials Support Unit (CTSU). Therefore, to allow full network trial access, CTSU trials were preferentially chosen to populate the portfolio.

The second barrier the Portfolio Working Group faced related to competing clinical trials. The Clinical Trials Subcommittee recognized the need for site-specific trial priorities. In other words, not all sites would utilize all the portfolio trials. The Portfolio Working Group considered the potential of competing trials in building the portfolio.

Finally, trial type variety was initially limited by the CTSU, which was populated in great part by Phase III trials. Over the last three years, the CTSU expanded its variety of trials by adding Phase II and cancer control trials, which has allowed expanded variety in the NCCCP portfolio.

The Portfolio Working Group followed these guidelines:

- Seek to identify CTSU trials attractive for site par-

Patient and doctor at one NCCCP site.

ticipation and consistent with the defined NCCCP deliverables
- Review the trial's accrual goals and current status for time to completion
- Obtain Portfolio Working Group committee agreement to propose portfolio addition
- Present recommendations to Clinical Trials Subcommittee for portfolio addition approval
- Establish screened-patient definition
- Request that the Trial Log add trial to portfolio.

Implementation

The initial February 2008 Trial Log portfolio consisted of three Phase III CTSU accessible trials, including trials for adjuvant breast cancer, lung cancer, and metastatic colon cancer. The Portfolio Working Group expanded the list over the next 12 months, adding eight additional trials for colon and breast cancer and expanding disease types to lymphoma, chronic lymphocytic leukemia, and renal cancer. The trial types were diversified to include Phase II, Phase III, tissue procurement, and cancer control trials, meeting the NCCCP Clinical Trial deliverable for trial type variety. To date, five trials (breast, colon, prostate, and cancer control) have been removed from the portfolio upon accrual completion or early closure. By 2010, the portfolio consisted of 13 trials, including lymphoma, breast, colon, lung, kidney, bladder, head and neck cancers, and cancer control trials.

Outcomes and Evolution

The Portfolio Working Group encountered a new challenge when analysis of Trial Log data entry identified patients as "screened" who were clearly ineligible for the trial (i.e., women with metastatic breast cancer being screened for an early stage adjuvant trial). To meet this challenge, the Portfolio Working Group defined minimum patient characteristics for each portfolio trial in order for a patient to be considered "screened." The Trial Log was also modified to require the definition for log entry.

In 2008 the Portfolio Working Group had a special network opportunity to promote the accrual to a Wake Forest Community Clinical Oncology Program (CCOP) Research Base cancer control trial. WFU 98308 had a unique limited 61-day accrual period in November and December 2008 and was available to the network via the CTSU. This double-blinded placebo controlled trial recruited patients with chronic lymphocytic leukemia using a medication to potentially reduce the incidence of acute respiratory illness during the winter of 2009. The Clinical Trials Subcommittee prepared the network for rapid site trial activation and accrual. WFU 98308 successfully reached its accrual target of 293. Eight NCCCP sites participated in the trial, screening 427 patients in 61 days and accounting for 22 percent (63 patients) of the trial accrual. The NCCCP network experience and subsequent Trial Log analysis were presented at the 2009 Oncology Nursing Society (ONS) Congress plenary session and as a poster at the 2009 Annual American Society of Clinical Oncology (ASCO) meeting.

In the past year, the Portfolio Working Group provided analysis of Trial Log data, in particular of slow-accruing trials. Outcomes of data analysis of the slow-accruing trials led to the identification of accrual barriers, potential network or site interventions, and recommendations to remove trials from the portfolio. For example, the ECOG E1505 non-small cell lung cancer adjuvant chemotherapy trial was observed to have slow accrual both nationally and by the NCCCP. The Portfolio Working Group proposed and the Clinical Trials Subcommittee hosted a special all-site webinar with the E1505 trial principal investigator to stimulate accrual among NCCCP investigators. NCCCP sites and clinical investigators were afforded the opportunity to directly interact with the trial principal investigator. Post-intervention accrual analysis is pending.

NCCCP Site Experiences

Seven sites reported that the NCCCP portfolio broadened their program's portfolio with trials in new disease types and varieties of trials. Other sites had already opened NCCCP portfolio trials before NCCCP portfolio designation. Seven sites also noted that the NCCCP portfolio trials became high-profile trials among their investigators and research staff, leading to enhanced accrual. Several sites expanded their Cooperative Group memberships to participate in portfolio trials. Multiple members noted that shared best practices about portfolio trial selection and activation assisted in building their site portfolios for NCCCP trials, as well as non-NCCCP trials.

PHOTOGRAPHS COURTESY OF NCCCP

The NCCCP portfolio has allowed individual sites to expand their trial portfolio mix to a greater variety of disease and trial types.

Success Stories

One NCCCP site had limited access to cancer control trials and enthusiastically participated in the WFU 98308 trial. The research team anticipated the national activation date of the trial, dedicated a full-time research nurse to this trial, prepared investigators with investigator approval and a physician "champion," and developed recruitment materials for immediate IRB approval at the time of trial activation. This site's team was highly successful in its accrual efforts achieving the leading accrual among all of the NCCCP membership. The research team found their accomplishment to be a significant "morale booster" for the entire research team and led to the NCCCP presentations at both ONS and ASCO.

Another NCCCP site leveraged its participation in the NCCCP portfolio to expand its Cooperative Group and local CCOP relationships. The site has opened Radiation Therapy Oncology Group (RTOG) trials and has successfully engaged its radiation oncologists as clinical trialists. The site's portfolio expansion has strengthened its relationship with its local CCOP, and the site reports that the high-profile NCCCP trials have increased clinical trial awareness in the community.

NCCCP sites reported several barriers to full portfolio participation, including:

- Competing trials
- Site-specific populations not amenable to the trial
- Lack of access to trial participation
- Tissue procurement requirements
- Institutional Review Board-related issues.

Current Responsibilities

Today, the Portfolio Working Group is tasked with:

- Evaluating and recommending to the Clinical Trials Subcommittee addition or subtraction of portfolio clinical trials
- Working closely with the Trial Log Working Group to manage the NCCCP Trials Portfolio by monitoring real-time screening and accrual data
- Creating screening definitions for all portfolio trials
- Evaluating trial accrual barriers identified by the screening log and developing strategies to enhance accrual
- Monitoring NCCCP clinical trial deliverables and adjusting the portfolio
- Identifying special clinical trial niche projects for network participation.

The Clinical Trials Portfolio Working Group provides the NCCCP a multi-site and multidisciplinary membership to serve the needs of trial portfolio development. The NCCCP portfolio has allowed individual sites to expand their trial portfolio mix to a greater variety of disease and trial types. Still, barriers to full NCCCP portfolio participation remain, including variable access to clinical trials by all sites. The combination of Trial Log activity and the NCCCP Trials Portfolio has allowed the NCCCP network to present its activities at prominent national meetings.

Mitchell Berger, MD, MMM, CPE, FACP, is medical director and NCCCP principal investigator for The Cancer Program of Our Lady of the Lake and Mary Bird Perkins Cancer Center, Baton Rouge, La. Maria Gonzalez, BS, is manager, Cancer Research at St. Joseph Hospital Cancer Center in Orange, Calif. Stephen Grubbs, MD, is principal investigator at Delaware Christiana Care CCOP, Helen F. Graham Cancer Center, Newark, Del. Mark Krasna, MD, is medical director of the Cancer Institute at St. Joseph Medical Center, Towson, Md., physician advisor Catholic Health Initiatives, and principal investigator for the NCCCP and The Cancer Genome Atlas. Camille Servididio, RN, MPH, is manager, Cancer Research at the Helen & Harry Gray Cancer Center, Hartford Hospital, Hartford, Conn.

Additional contributors to this article are acknowledged on page 64.

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